

SHEPPARD MULLIN

SHEPPARD MULLIN RICHTER & HAMPTON LLP

ATTORNEYS AT LAW

48th Floor | 333 South Hope Street | Los Angeles, CA 90071-1448
213-620-1780 office | 213-620-1398 fax | www.sheppardmullin.com**FACSIMILE COVER SHEET****** THIS FACSIMILE TRANSMISSION WILL NOT BE MAILED ****

Date: July 31, 2003

File Number: 0SSV-083441

Total number of pages:
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10

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Sheppard Mullin at 213-620-1780, ext. 2155**TO:****Facsimile No.****Telephone No.**Commissioner for Patents
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From: Kyriacos Tsircou

Re: Method and Apparatus for Jewelry Organization

MESSAGE:

Please acknowledge receipt of the accompanying:

- ☒ Amendment
☒ Transmittal Form (in duplicate)
☒ Certificate of Transmittal by Facsimile

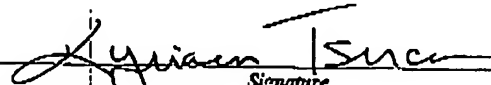
Applicant's Name: Shannon Morris
Title: METHOD AND APPARATUS FOR JEWELRY ORGANIZATION
Serial No.: 10/004,511 Filing Date: 10/22/01
Our Docket No.: SSV-83441 Date Faxed: 7/31/03
Client: Shannon Morris Due Date: 8/1/03
Atty/Sec: Tsircou/Johnson

Place your receiving date stamp hereon and return this card.

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GROUP 3700

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 0SSV-083441	
Applicant(s): Shannon Morris					
Serial No. 10/004,511	Filing Date 10/22/2001	Examiner Luan K. Bui		Group Art Unit 3725	
Invention: METHOD AND APPARATUS FOR JEWELRY ORGANIZATION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1853					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kyriacos Tsircon, Esquire Registration No. 53,705 Sheppard, Mullin, Richter & Hampton LLP 333 South Hope Street, 48th Floor Los Angeles, California 90071-1448 (213) 620-1780			Dated: July 31, 2003		
cc:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
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